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FACSIMILE TRANSMISSION

DATE: February 17, 2004
TO: EXAMINER CASSANDRA DAVIS
FACSIMILE NO.: 703/305-7687
FROM: John G. Posa
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ORIGINAL DOCUMENTS WILL ____ / WILL NOT X FOLLOW BY MAIL
RE: SN 09/855,087
MESSAGE:

FOR OFFICIAL ENTRY -
AFTER FINAL AMENDMENT

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Venegas, Jr.

Docket No.

IDS-14102/14

Serial No.

09/855,087

Filing Date

May 14, 2001

Examiner

C. Davis

Group Art Unit

3728

Invention: **INTEGRAL POST SLEEVE AND SIGN**I hereby certify that this Amendment, Amendment Transmittal Letter

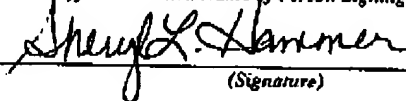
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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. IDS-14102/14	
Applicant(s): Venegas, Jr.					
Serial No. 09/855,087	Filing Date May 14, 2001	Examiner C. Davis	Group Art Unit 3628		
Invention: INTEGRAL POST SLEEVE AND SIGN					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	20	0	x \$9.00	\$0.00
INDEP. CLAIMS	1	3	0	x \$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
John G. Posa Reg. No. 37,424 Gifford, Krass, Groh et al 280 N. Old Woodward Ave., Suite 400 Birmingham, MI 48009 Tel. 734/913-9300			Dated: Feb. 17, 2004		
CC:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
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